

2048

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STATE FILE NO.

550

1. PLACE OF DEATH
 COUNTY San Carlos STATE ARIZONA REGISTERED NO. 37
 TOWNSHIP _____ OR VILLAGE _____
 CITY Togoles NO. 1.1.1 Wers residence, -atamonia Wood OR
 (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER) WARD _____
 LENGTH OF RESIDENCE
 IN CITY OR TOWN WHERE DEATH OCCURRED 25 YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
 2. FULL NAME Frank T. Dalton HOW LONG IN STATE WHEN DEATH OCCURRED? 25 YRS. _____ MOS. _____ DS.
 (A) RESIDENCE: NO. San Valley, Santa Cruz County, Ariz. ST. _____ WARD _____ (IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Catherine Dalton (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13, 1868

7. AGE 69 YEARS 3 MONTHS 17 DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Little Rancher &

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Dairy Farmer

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) 7/37 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

12. BIRTHPLACE (CITY OR TOWN) Center City (STATE OR COUNTY) Minnesota

13. NAME No Record

14. BIRTHPLACE (CITY OR TOWN) Sweden (STATE OR COUNTY)

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) Sweden (STATE OR COUNTY)

17. INFORMANT Mrs. P. Wers (ADDRESS) Togoles, Ariz.

18. BURIAL, CREMATION, OR REMOVAL Black Oak PLACE Cemetery, near Conille Ariz DATE 5/2/37

19. EMBALMER { LICENSE NO. _____ SIGNATURE _____ FUNERAL DIRECTOR Carroon Mortuary ADDRESS Togoles, Ariz.

20. FILED 4/30/37, 19 Chas O'Hara REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1937

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Apr. 29, 37 TO Apr. 30, 37

I LAST SAW HIM ALIVE ON Apr. 29, 37 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 1:00 A. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

Carcinoma of Stomach DATE OF ONSET 2 yrs.

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Carcinoma of Liver, Kidney &c.

NAME OF OPERATION _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____

WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____

MANNER OF INJURY _____

NATURE OF INJURY _____

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? No.

IF SO, SPECIFY _____

(SIGNED) E. O'Hara M. D.

(ADDRESS) _____